



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
DROUGHT PERMIT**

For filing with Ecology or with County Conservancy Boards



**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

<b>OKANDAD</b>	
<b>FOR OFFICE USE ONLY</b>	
CHANGE No. <u>CS4ADJ01 P205</u>	WRIA <u>49</u>
DATE ACCEPTED <u>06/06/05</u>	BY <u>[Signature]</u>
FEE \$ <u>10.00</u>	REC'D <u>6/3/05</u>
CHECK No. <u>1874</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	<u>for</u>

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <u>Aston Irrigation Association</u>	PHONE NO. <u>(509) 826-5369</u>	FAX NO. <u>(509) 826-5369</u>
ADDRESS <u>P.O. Box 3233</u>		
CITY <u>Omak</u>	STATE <u>WA</u>	ZIP CODE <u>98841</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Dick Roseburg or Lois Hale</u>	PHONE NO. <u>826-4153</u> <u>(509) 826-5369</u>	FAX NO. <u>(509) 826-5369</u>
ADDRESS <u>86 Engh Rd / 33 Orchard View Dr</u>		
CITY <u>OMAK WA</u>	STATE <u>WA</u>	ZIP CODE <u>98841</u>

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <u>Certificate #2</u>	RECORDED NAME(S) <u>Oroville-Tenasket Irrigation Dist.</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Oroville-Tenasket Irrigation District</u> <u>PO Box 1729</u> <u>Oroville, WA 98844</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application. Historical and traditional irrigation of crop land since 1916.**

<b>FOR OFFICE USE ONLY</b>			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

SMILKAMEEN ADJ (01) CERT NO. 2

CS4-ADJ 01 P 205



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

Surface SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
		SE	SE	21	40N	27E	See map	

#### B. Proposed

Surface SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Aston Irrigation Assn		NW		31	34N	27		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO      PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of crops		20	4/1 to 10/15 Yearly

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of lawns, shrubs, trees & pasture, gardens			

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
3927160007				16-39-27			
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO - IF NO, PROVIDE OWNER(S) NAME:  
Mike Lawson

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
The W 1/2 <sup>nd</sup> Section 30 + Aston Estates being within Government Lots 2 and 3 of Section 31, T34, R27EWM							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		31	34N	27	Okanogan		

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

See attached map for exact point of diversion.
IF FOR SEASONAL OR TEMPORARY, START DATE <u>6/1/05</u> END DATE <u>10/15/05</u>

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Alex G. Hale, Sec/Treas</u> (Applicant)	<u>5/30/05</u> (Date)
<u>Tom W. Scott</u> (Water Right Holder)	<u>6/1/05</u> (Date)
<u>Mike Lawson</u> (Land Owner(s) of Existing Place of Use)	<u>6/1/05</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_